



Atty. Dkt. No. 060925-0402

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: H. Michael SHEPARD et al.

Title: ENZYME CATAZYSED
THERAPEUTIC AGENTS

Appl. No.: 09/782,721

Filing Date: 2/12/2001

Examiner: Crane, Lawrence E.

Art Unit: 1623

Conf. No.: 5394

<p>CERTIFICATE OF MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p>_____ Esther Lily C. Esguerra (Printed Name)</p> <p>_____ (Signature)</p> <p>_____ August 22, 2006 (Date of Deposit)</p>

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	25	-	36	=	0	x	\$50.00	=	\$0.00
Independent	1	-	3	=	0	x	\$200.0	=	\$0.00
Claims:							0		
First presentation of any Multiple Dependent Claims:		+					\$360.0	=	\$0.00
							0		
CLAIMS FEE TOTAL									= \$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$1,020.00
EXTENSION FEE TOTAL:		\$1,020.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,020.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$510.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$510.00

A credit card payment form in the amount of \$510.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: August 22, 2006

By 

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Customer Number: 38706
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Facsimile: (650) 856-3710

Antoinette F. Konski
Attorney for Applicant
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